

NATIONAL Assessment Centre Services, 820929K000

Date In: 20/02/22 16:45	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: N38/21020048391	Vehicle (by date first, A/C first)		
Veh No: SDY4909 P	1-Motor Claim Form		
D.O.A: 19/05/2021 14:00	1-Motor W/O (within 90 days, TP 4hrs)		
(1) TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Visit		

Preferred Wksp / INC Ass'n Wksp / OW: () Tel: () Fax: ()

TP Reg/Insurer: () Veh No: SMX 2006R, INC () / Non-INC () Tel: ()

Owner/Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note- Est Status (WO): NI 0-20%, PI 21-79%, P+ 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer / Customer's Information strictly Confidential & strictly NO Ref of report.

() Total Loss Case / to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towage Cost: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$9000) ()

Injury: ()

()

()

()

Driver/Owner:	1) All Accident Invoice (00)	INC (10)	
Contract No:	2) DA/Driver Allowance (\$100)	\$100	
Damaged Part(s):	3) TP Follow Up	\$100	
QC Checked by (Engin-In-Charge):	4) PI Follow Through Survey	\$30	
	5) PI Follow Through Survey (Resurvey)	\$30	
	6) TP Follow Through Survey (Resurvey)	\$30	
	7) NI/DA & SMR Survey	\$75	
	8) TP UO Additional Services	\$150	
	9) NI/DA	\$30	
	10) NI/DA Courtesy Car / Tot Allowance	\$10	
	11) NI/DA Repair Coordination	\$20	
	12) NI/DA Post Repair Inspection	\$30	
	13) NI/DA/Collect Losses Coordination	\$20	
	14) TP (NI) TP (INC) (Total)	\$60	
	15) NI/DA Mobile		
	Invoice dated		
	Invoice dated		

Fee Charged
Per Class

N382103918

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	20/09/2021 16:20 (SGT)
Date of Accident	19/09/2021 14:00 (SGT)
Exact Location of Accident	Clemenceau Ave, Singapore
Additional Location Information	JUNCTION WITH RIVER VALLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4909P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY TAT HWA (ZHENG DAHUA)
NRIC No	SXXXX612G
Email Address	danieltay1602@gmail.com
Mobile Phone No	(Phone) +65-91818154
Alternative Phone No	+65-91818154

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Biante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01007517
Cover Note Number	-

DRIVER

Name of Driver	TAY TAT HWA (ZHENG DAHUA)
NRIC No	SXXXX612G

Date Of Birth	16/07/1977
Occupation	Indoor
Date Of Driving Pass	26/11/1997
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91818154
Alt. Phone Number	+65-91818154
Email Address	danieltay1602@gmail.com
Address	BLK 75B REDHILL ROAD #22-64
Address complement	-
Postcode	152075
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAY LE HENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX2006R
Vehicle Manufacturer	Porsche
Vehicle Model	Panamera
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	WEN XI
Contact Number	(Phone) +65-96289087
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
20/9/2021

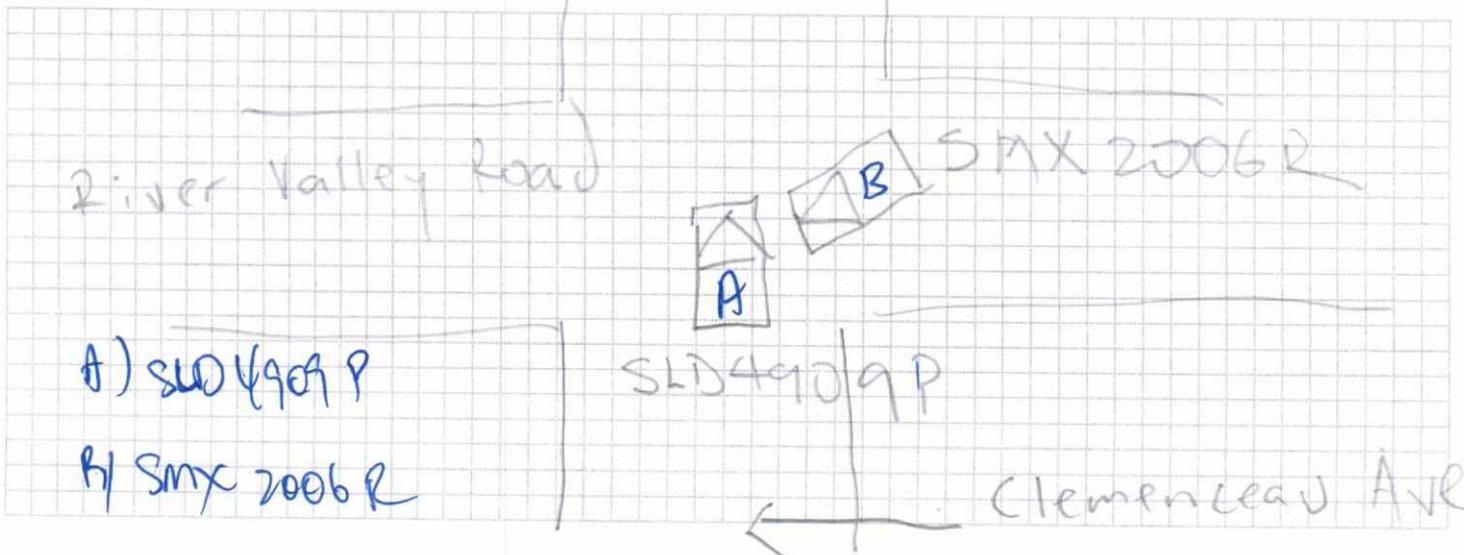
Policyholder's Signature / Date & Time
9:47 a.m

[Signature]
20/9/2021

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

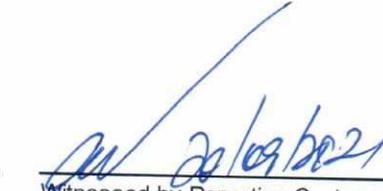
I was travelling along Clemenceau Ave on ^{towards Plaza Singapura direction} on 19 Sep 2021 at about 1400hr when a vehicle travelling from the other direction turning right towards River Valley Road hit the right side of my car.

Declaration

We declare the foregoing particulars are true in every respect.

 20/9/2021
Policyholder's Signature / Date & Time
09.53am

Driver's Signature (if driver is not the policyholder) / Date & Time

 20/9/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (19/09/2021) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: Junction of Clemenceau Ave and River Valley Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD49097
b) INSURANCE COMPANY: Sompo
c) POLICY NUMBER: D21MTPVD1007517
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Mazda Bianta
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Tay Tat Hwa (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 579046129 CONTACT: 91818154
c) ADDRESS: RIK 75B Reshill Road
#22-64 S(152075)

CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: as above CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (16/02/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/11/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMX 2006R MODEL: Porsche Panamera
b) DRIVER'S NAME: Wen Xi
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9628 9087

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

daniel.tay1602@gmail.com

VIDEO

Tay Le Henry

* No of passengers
(including driver)
(2)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D21MTPV01007517
Insured : TAY TAT HWA
Motor Vehicle (Registration No.) : SLD4909P
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 20 JUNE 2021 00:00
Policy Expiry Date : 19 JUNE 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$600 - Section I
Voluntary Excess* : N.A
Windscreen Excess* : S\$100.00 for each and every applicable claim.

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

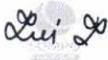
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 24 MAY 2021 15:02

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11F02709 & FINEXIS ADVISORY PTE LTD CI Code: 22A LLJDO5W42L01MVA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 2109219K000C Vehicle Registration No: SLD 4909P
Name (as shown in NRIC): TAY TAN HWA NRIC/FIN/Passport No: SXXXX6129
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 9187854
Email Address: _____
Date of Accident: 19/09/2021 Time of Accident: 14:00
Place of Accident: QAMMUNICATA AVENUE LIMBUNSA W/TH RIVER VALLEY
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1602
EMAIL ADDRESS TO: DANIELTAY@GMAIL.COM

Policyholder / Driver's Signature
Date:

[Signature] 20/09/2021
Reporting Centre Personnel's Signature
Name: